

## Colonoscopy Billing: What You Need to Know

Thank you for choosing us for your digestive healthcare needs. It is our goal to provide you with a clear understanding of the possible fees involved. Please contact your insurance company to receive the best estimate of your cost. **Please be aware that estimates are non-binding as findings *during* the procedure may change the course of action and treatment plan.**

### CATEGORIES OF COLONOSCOPIES:

1. **Diagnostic/Therapeutic Colonoscopy:** Patient is currently having gastrointestinal (GI) symptoms or known gastrointestinal problems/diseases.
2. **Surveillance/High Risk Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), but does have a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo a colonoscopy at shortened intervals (e.g. every 5 years or sooner). Medicare covers colonoscopies for high risk patients every two years. Most insurance companies consider this a surveillance colonoscopy, and therefore your deductible and co-insurance will be applied.
3. **Preventive/Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), age 50 or over, has no personal history of GI disease, colon polyps, and/or colon cancer. The patient has not undergone a colonoscopy within the last 10 years.

**For all colonoscopy categories, you should be prepared to pay an amount up to your deductible, plus any applicable co-insurance amounts.** Please check with your insurance company before your procedure and be sure to ask about your out-of-pocket cost to help avoid unpleasant surprises.

### Frequently Asked Questions:

**Can the physician change, add or delete my diagnosis code so that I can be considered a screening colonoscopy patient? NO.** The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding, legal document that cannot be changed to facilitate better insurance coverage.

**Why am I charged for sedation/anesthesia services?** Our goal is to provide you with the safest and most effective anesthesia for your procedure. Therefore, we only use Certified Nurse Anesthetists (CRNAs) to administer anesthesia to our patients. Your insurance carrier will be billed for professional anesthesia services provided by the anesthesiology providers.

**What do I owe?** To estimate your costs, you will first need to contact your insurance company to verify your benefits and any cost share you may have. The table attached will help you ask the insurance carrier the right questions to determine your estimated costs.

**Use this table if you have:**

- Never had a colonoscopy =>50 years older       It has been over 10 years since your last colonoscopy

What is my deductible amount? How much of my deductible have I met this year?	
What are my estimated out-of-pocket costs for a SCREENING colonoscopy? (CPT code 45378, with diagnosis code Z12.11)	
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	
Estimated Facility Charges (Use of the facility, equipment, supplies, and non-physician staff) Note: Procedures performed at a hospital are more costly than at the Endoscopy Center	
Estimated Sedation Charges (CPT codes 00812)	
Estimated Pathology Charges	
<b>ESTIMATED TOTAL (Please be prepared to add the General Excise Tax (GET 4.0%) to some PPO plans.)</b>	

**Use this table if you have:**

- GI Symptoms       It has been less than 10 years since your last colonoscopy

What is my deductible amount? How much of my deductible have I met this year?	
What are my estimated out-of-pocket costs for a SURVEILLANCE colonoscopy? (CPT code 45378 with diagnosis code Z86.010 personal history of polyps or Z80.0 family history of polyps) OR What is my estimated cost for a DIAGNOSTIC colonoscopy?	
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	
Estimated Facility Charges (Use of the facility, equipment, supplies, and non-physician staff) Note: Procedures performed at a hospital are more costly than at the Endoscopy Center.	
Estimated Sedation Charges (CPT code 00811)	
Estimated Pathology Charges	
<b>ESTIMATED TOTAL (Please be prepared to add the General Excise Tax (GET 4.0%) to some PPO plans.)</b>	

**\* Please note you may receive up to FOUR SEPARATE BILLS for the procedure: PHYSICIAN FEE, FACILITY FEE, ANESTHESIA FEE, and PATHOLOGY FEE.**

**If you have further questions after contacting your insurance, please call (808) 489-9479 for Physician Fees, (808)777-3250 for Facility/Anesthesia Fees, and (844)455-2120 for Pathology Fees.**